

# Malnutrition in Guatemala

## *Holding Our Country Back*

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### A Call to Action for Civil Society to Advocate for Investment in Nutrition

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**Guatemala ranks sixth for chronic malnutrition in the world and has the highest prevalence in the Western Hemisphere. Malnutrition is compromising the health of women and children and is undermining the country's human capital and development efforts.**

- Half of the children under 5 in Guatemala are chronically malnourished, a higher percentage than in Africa (40%), Asia (39%), and Latin America and the Caribbean (12%). The percentage rises to 59% in rural areas and to 66% among indigenous populations.<sup>1</sup>
- Anemia prevalence is alarming, affecting 48% of children under 5, 72% of children 6–11 months, and 29% of pregnant women.<sup>1</sup>
- At the same time, Guatemala is experiencing a sudden increase in overweight and obesity among adults, which is an important contributor to diseases such as diabetes and heart disease.<sup>2</sup>

#### Impact on Health

- Malnutrition is the underlying cause of as many as 45% of child deaths in Guatemala.<sup>2</sup>
- Malnourished children are more likely to suffer and die from common childhood illnesses such as diarrhea and pneumonia and may be more likely to develop chronic diseases such as heart disease in adulthood.<sup>2</sup>
- Anemia in young children increases the risk of infectious diseases. Anemia during pregnancy is associated with 22% of maternal deaths and 24% of neonatal deaths<sup>3</sup> and is a major cause of low birth weight.<sup>3</sup> Babies with low birth weight are four times more likely to die within the first month of life than normal birth weight babies.<sup>2</sup>

#### Impact on Education

- Children who are stunted learn to sit, stand, and walk later; have poorer cognitive function; perform worse in school; are more likely to repeat grades; miss more days of school due to illness; and are more likely to drop out of school than well-nourished children.<sup>2,4</sup>
- In young children, anemia can impair cognitive performance, behavioral and motor development, coordination, language development, and achievement in school.<sup>2,4</sup>

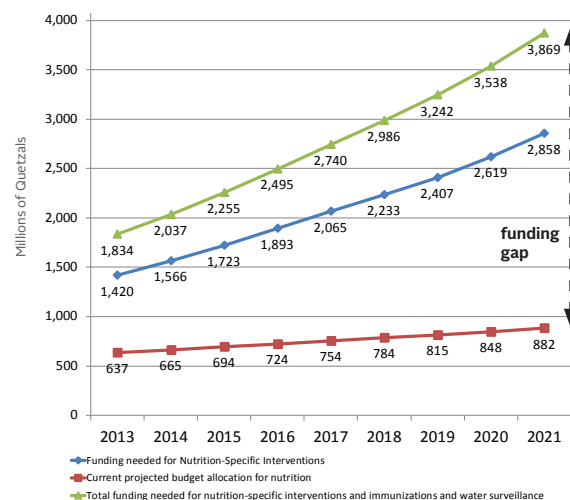
#### Impact on Economic Development

- Malnutrition weakens Guatemala's economic productivity. Iron deficiency anemia and stunting reduce labor productivity, which impedes agricultural and industrial production and slows national development. Childhood stunting in Guatemala is also associated with future lower wages in adulthood.<sup>5</sup>

#### Nutrition Services as an Investment in the Future

- Guatemala is committed to reducing chronic malnutrition among children under 5 by 24% by 2021. If the government is to fulfill this promise, additional investment must be made with a specific budget for nutrition to make more nutrition services available for mothers and children, particularly in rural and remote areas.

**Figure 1.** Funding Gap at the National Level for Nutrition Interventions: Projected Budget versus Funding Needed by Year<sup>6</sup>



### HOW CAN IMPROVED NUTRITION SUPPORT THE WORK OF CIVIL SOCIETY?

- **EDUCATION.** As children's nutritional status improves, so do their cognitive development and school performance, leading to better completion rates, higher educational attainment, and improved earning capacity in adulthood. When parents are well educated, they are more likely to have well-nourished families, continuing the cycle.
- **AGRICULTURE AND ECONOMIC PRODUCTIVITY.** The agriculture and nutrition sectors are interdependent and synergistic. Improving nutrition would lead to increased productivity—including in the agriculture sector, which in turn supports nutrition.
- **FAMILY PLANNING.** Nutrition counseling is an opportunity to discuss family planning options with women of reproductive age and refer new mothers to family planning resources.

Malnutrition is *preventable and treatable*. But we must act now. Use the talking points on the next page to urge the Government of Guatemala to allocate enough funds to provide needed nutrition services across the country.

- The benefits of investing in nutrition far outweigh the costs. Every US\$1 spent on nutrition yields a return of US\$30.<sup>7</sup>
- Investing in proven, effective nutrition interventions, implemented at scale, will save and improve lives. Improved nutrition would:<sup>2,4,6</sup>
  - Reduce child deaths by reducing stunting and wasting.
  - Prevent permanent brain damage in children and increase the average child's IQ by up to 13.5 points by preventing iodine deficiency.
  - Improve cognitive development in children by preventing stunting and by preventing and treating iron deficiency anemia.
  - Help children stay in school longer and perform better in school, resulting in higher wages in the future.
  - Increase physical capacity and reduce sick days in adulthood, leading to greater economic productivity.
  - Reduce the risk of overweight and obesity in adults.
- In Guatemala, the government spends only 2.4% of its gross domestic product (GDP) on health. This is the lowest in Latin America.<sup>8</sup>
- In 2013, the Government of Guatemala invested Q637.2 million in nutrition—only one-third of what was required for national nutrition services.
- In 2016, only an estimated 0.15% of GDP will be allocated for nutrition, which is not sufficient. About 0.50%, or Q2,495 million, is needed for improvement in nutrition.
- As a result, women and children, especially in rural and remote areas where malnutrition is highest, are not being provided the nutrition services they are entitled to under Guatemalan law.

### How Can You as Civil Society Advocate for Nutrition?

1. Strengthen civil society networks to play a more effective role in public oversight and accountability of government commitments to investing in and improving nutrition.
2. Advocate to the Government of Guatemala to:
  - Ensure that Q2,495 million is allocated for nutrition in 2016 and increase that amount by 10% each subsequent year up to 2021 to expand coverage of nutrition services across the country (see Figure 1).
  - Ensure that 77% of the total budget allocated to nutrition in the Ministry of Health each year is allocated for nutrition-specific services and 23% is allocated to immunization and safe water.
3. Track, monitor, and promote accountability and public oversight to ensure:
  - Progress on investments in nutrition, holding the government accountable.
  - Sufficient and timely supply of inputs, materials, and equipment for nutrition and health services, as well as the allocation of trained human resources to implement nutrition promotion, prevention, care, and treatment programs.
  - Investment in municipalities to improve access to roads, water and sanitation facilities, and local markets for marketing of food.
  - Multi-ministerial engagement and coordination, such as among the ministries of agriculture and education.
  - Social audits of existing health services to ensure coverage and quality of services are conducted regularly.
4. Continue your work in the areas of agriculture, education, family planning, water and sanitation, food safety, and immunization, which all play a role in improving nutrition outcomes, to promote use of nutrition services that the government is required to provide to the public.

### Nutrition-Specific Interventions Needed Include:

- Promoting maternal nutrition during prenatal care
- Promoting exclusive and continued breastfeeding
- Promoting complementary feeding for infants and young children and providing fortified complementary food
- Promoting dietary diversity
- Supplying micronutrients for mothers and children

- Conducting growth monitoring
- Promoting nutritional management of sick children
- Managing acute malnutrition at the community level

### Other Health Interventions:

- Monitoring water quality
- Providing vaccinations



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Main data sources include: <sup>1</sup> Guatemala V Maternal-Child Health National Survey 2008/09, <sup>2</sup> Lancet Nutrition Series 2013, <sup>3</sup> "Iron Deficiency Anemia. Comparative Quantification of Health Risks: Global and Regional Burden of Diseases Attributable to Selected Major Risk Factors" (Stolzfus et al. 2004), <sup>4</sup> "Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life" (Grantham-McGregor et al. 1999) and "Developmental Potential in the First 5 Years for Children in Developing Countries" (Grantham-McGregor et al. 2007), <sup>5</sup> "Effect of a Nutrition Intervention during Early Childhood on Economic Productivity in Guatemalan Adults" (Hoddinott et al. 2008), <sup>6</sup> Costing of Essential Nutrition Interventions for the Reduction of Child Chronic Malnutrition in Guatemala (FANTA 2015), <sup>7</sup> Copenhagen Consensus 2012, <sup>8</sup> World Health Organization Global Health Expenditure Database 2010–2014.